



A VA resource for family members and friends who want to help a Veteran access mental health care

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At #BeThere for Service Members, Veterans & Families:
Strengthening Our Communities

WELCOME & OVERVIEW

- Reasons people don't seek help
- Ways to listen and to help
- Introduce Coaching Into Care
- Discuss crisis options and difficult conversations
- Questions

ACKNOWLEDGEMENTS

Leadership Team:

- Steven L. Sayers, Ph.D. – Director, PA Site Lead
- Tanya H. Hess, Ph.D. – Director of Training
- Cindy Swinkels, Ph.D. – NC Site Lead
- Marleen Urbaitis, Ph.D. – CA Site Lead

Slides about suicide borrowed from a presentation by:

- Shirley M. Glynn, Ph.D.
- Karon Wolfe, LISW-S

LET'S TALK ABOUT GETTING HELP

60% of Veterans are enrolled in VA healthcare

- Some also enrolled in private/non-VA health care

50% referred for mental health counseling
actually go for care

- This also means 50% do not

WHY DON'T WE SEEK CARE?

Reasons Veterans, and non-Veterans, don't seek care

- Self-reliance – “I should be strong enough to handle this”
- Concerned about stigma – “It will mean I’m weak/damaged”
- Fear of being judged – “What will people think”
- Inconvenience, logistics – “Too far away” “I’m too busy”
- Avoidance / denial – “Nothing is wrong”
“Everybody deals with that”

HOW PEOPLE REFUSE HELP

Frequent responses

- "I'm fine"
- "I'm not the problem"
- "I can handle it" (*"You don't think I can handle it"*)
- "Others are doing worse; I don't deserve the help"
- "I'll be OK, it will go away over time"
- "What are you talking about?"
- "No one will understand what I have been through"

Your examples:

- _____

EVERYONE CAN HELP

Ways you are in a unique position to help

- Peer or friend can be less threatening than a “professional”
- Shared experiences
 - e.g., military experience, family setting, work setting
- Similar language
- Ability to set an example for another
- Your reasons: _____

TYPES OF HELP - BASIC

Basic

- Practical: information
 - “I know how to get an appointment there”
- Logistic
 - “Let me know if you need a ride, or someone to ride along”
- Normalizing
 - “Lots of people experience this,” “I went through this”
- Being a confidant, a listener
 - “Tell me what’s going on”

TYPES OF HELP - ADVANCED

Advanced

- Active Listening – how to encourage others to be more open by helping them feel listened to
 - Attention
 - Ask for more info in a general way
 - Summarize (confirm) what was said
 - Ask what the person thinks the problem is, what they have done about it
- Remember: Sometimes less is more

OOPS, THAT'S NOT THE RESPONSE I WAS EXPECTING

When someone reacts negatively to your attention and concern, they may be feeling:

- Judged, stigmatized
 - "You think there is something wrong with me," or "You think I have not handled this well"
- Defensive
 - "I'm not the one with the problem"
- Embarrassed
 - "I don't want to talk about this," "Mind your own business"
- Feeling controlled or managed
 - "What makes you the expert?"
- Self-criticism
 - "I should be able to take care of this" "I should be stronger"

OPTIONS FOR RESPONDING

- Ask an open-ended question
 - “How would you like for things to be different?”
 - “What are you willing to do to change the situation?”
- Ask for what type of help is wanted
 - “Is there something you’d like me to help with?”
 - “How can I help?”
- Asking for an OK to make a suggestion
 - “Would you like some suggestions?”

THINGS TO REMEMBER

Timing – wait, wait, wait, for a request for a solution or suggestion

Listen – It's hard to listen and talk at the same time, focus on listening

Encourage their own solutions

- "Who do you think might be able to help you out with that?"
- "Where do you think you should go for answers?"

Let them know it is their decision (*tone is important*)

- "You're the best judge, but sometimes having an expert opinion can help"
- "Let me know if you want me to help; if it's not now, whenever"
- "It's up to you, of course"

DANGER ZONES TO AVOID

Avoid: Forceful approach, taking control

- Changes, like getting help, work best when a person chooses the path rather than feeling forced
 - "I would do XX, if I were you"
 - "You need to do something about that"
 - "Everyone thinks you have to do something about your issue"
 - "Listen, you have to do something; you'll lose everything"

Avoid: Making suggestions too soon

- Everyone needs to think (and talk) through what is happening
- This is part of owning the choice to change

Avoid: Minimizing the experience

- "Don't worry about it too much, everyone goes through these things"

SUMMARY

- FIRST: Notice that something is wrong, start a conversation
- SECOND: Ask open-ended questions
- THIRD: Summarize
- FOURTH: Ask about taking steps
 - "Would you like to help with ____?"
 - "Have you thought about seeing someone who may be an expert on that?"
 - "What kind of help would you like?"
 - "What can I do to help?"

WHAT IF I NEED MORE HELP

- Generally, Veterans want family members involved in medical and mental health care
(Batten et al., 2009; Hershenberg, Mavandadi, Klaus, Oslin, & Sayers, 2014; Sayers, White, Zubritsky, & Oslin, 2006)
- Family involvement may encourage Veterans to seek care
- Family can be a potential source of support and/or source of conflict

WHAT IS COACHING INTO CARE...

Coaching Into Care is a
National VA Call Center
that talks with families and friends
of Veterans
about how to help the Veteran in their life
get into mental health care

TARGET CALLER...

- Family members (and friends)
- of returning Veterans (other eras ok, too)
- who are not in mental health care
 - or who were in mental health care in the past but have dropped out of treatment
- and are resistant to returning to treatment
- who are not in acute crisis at the time of call

WHO ELSE WE WORK WITH...

- We also take calls about:
 - Vets of prior eras
 - Family members looking for referral ideas for themselves
- We will take calls from Veterans; however, if a Veteran is willing to seek help, he or she can be encouraged to contact the VA directly

WHAT CIC DOES...

- Provide information about VA mental health services, navigating the VA system, and finding appropriate treatment
- Provide basic psycho-education
- Provide contact information for VA and community services
- Provide Coaching – which is talking with the family member or friend about how to start conversations about engaging in care

THE CIC TEAM MEMBERS...

- Our team is made up of:
 - Responders
 - Generally bachelors level psychology technicians
 - They answer initial calls
 - Provide resources
 - May provide brief coaching
 - Coaches
 - Generally psychologists and social workers
 - Provide extended coaching

WHAT A CALLER CAN EXPECT...

Initial Call

- Answered by a Responder (generally a bachelor's or master's level Psychology Technician)
- Call may take anywhere from 5-50 minutes, on average most calls are about 20-30 minutes
- Responder may provide resources, information, ask questions, and make basic suggestions about communication
- Responder may suggest a follow-up call with the responder or a coach, depending on the needs of the caller

WHAT A CALLER CAN EXPECT...

Follow-up Call

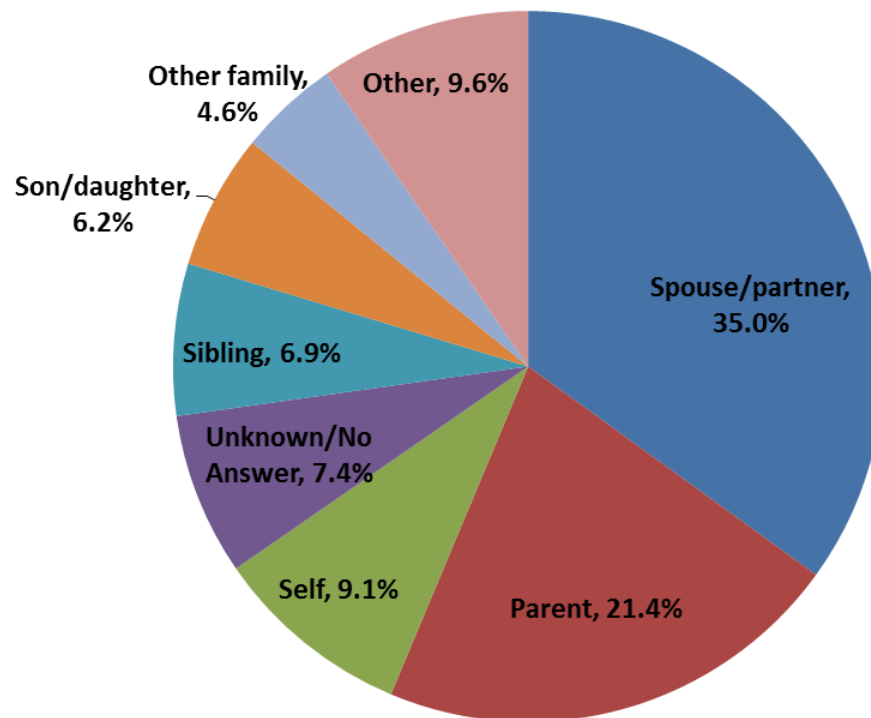
- Depending on the needs of the caller, a follow-up call may be scheduled
- The Responder will work with a Coach to determine if further intervention is warranted, and whether follow-up will be with a Coach or Responder
- Depending on the case there may be one call, or a series of calls over a period of weeks; these may vary from 10-50 min.
- We work with the Caller to determine the level of assistance that is required

WHAT A CALLER CAN EXPECT...

Coaching

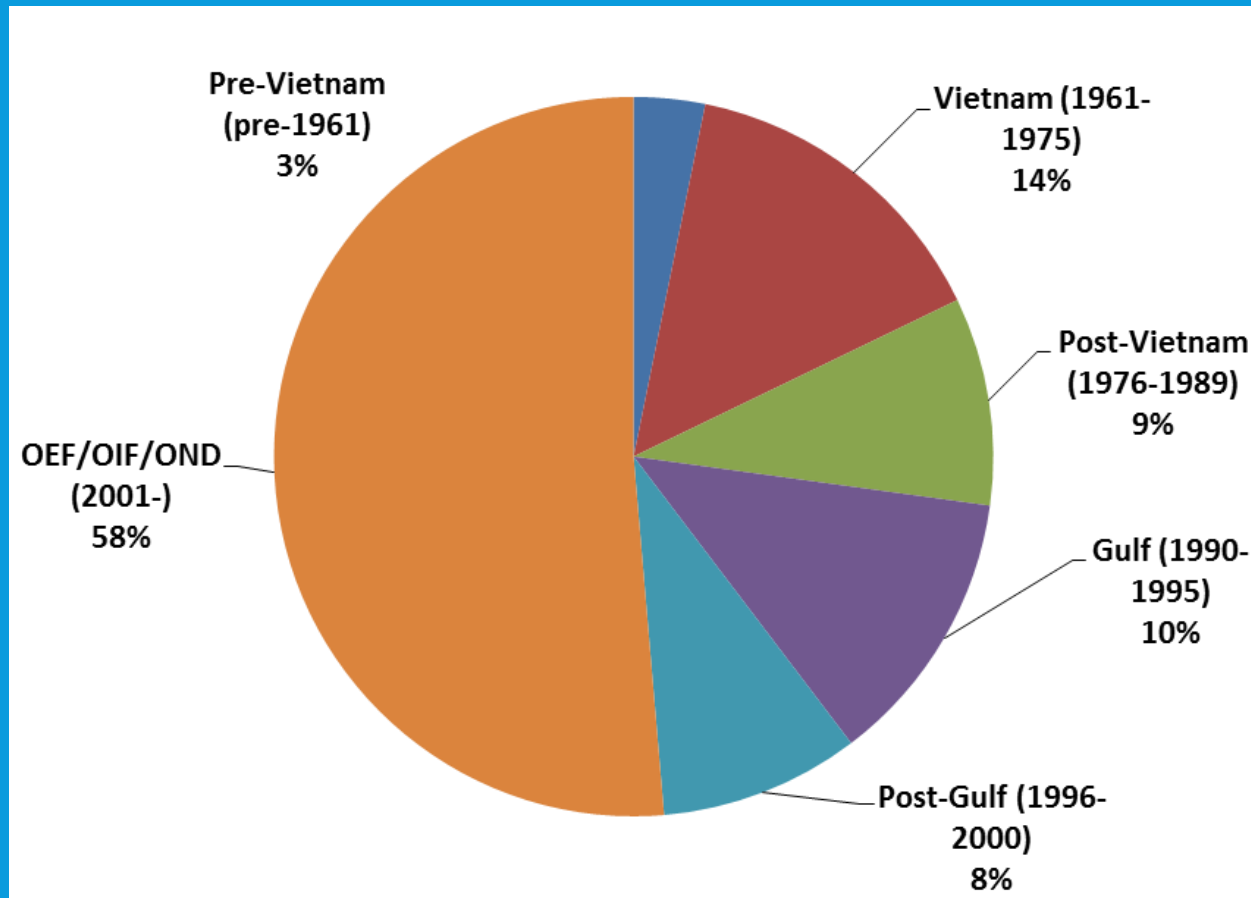
- Assess communication styles
- Review goals
- Focus on improving relationship, becoming a better listener
- Teach how to communicate openness to listen without jumping to problem solving or giving advice
- Discuss autonomy-support communication
- Problem solve logistical or resource problems
- Number and length of sessions depends on needs of caller

CALLER'S RELATIONSHIP TO VETERAN...



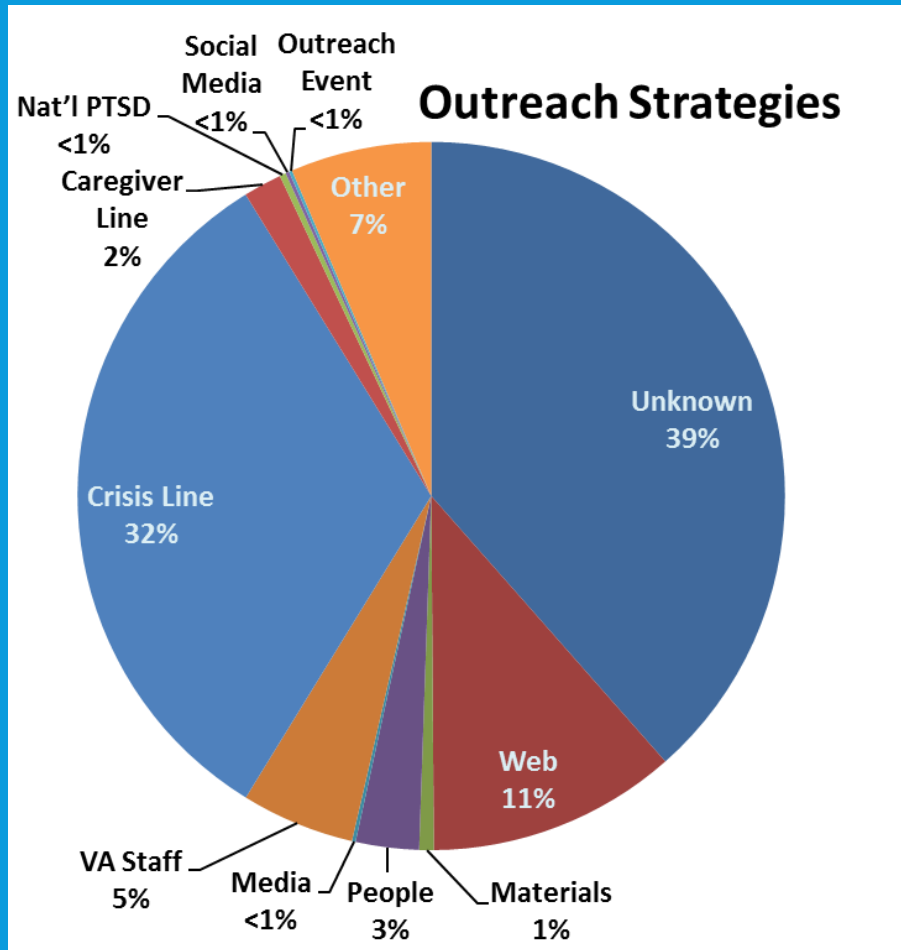
Data from 10/2014 - 6/2015, Sayers et al., under review

VETERAN'S SERVICE ERA...



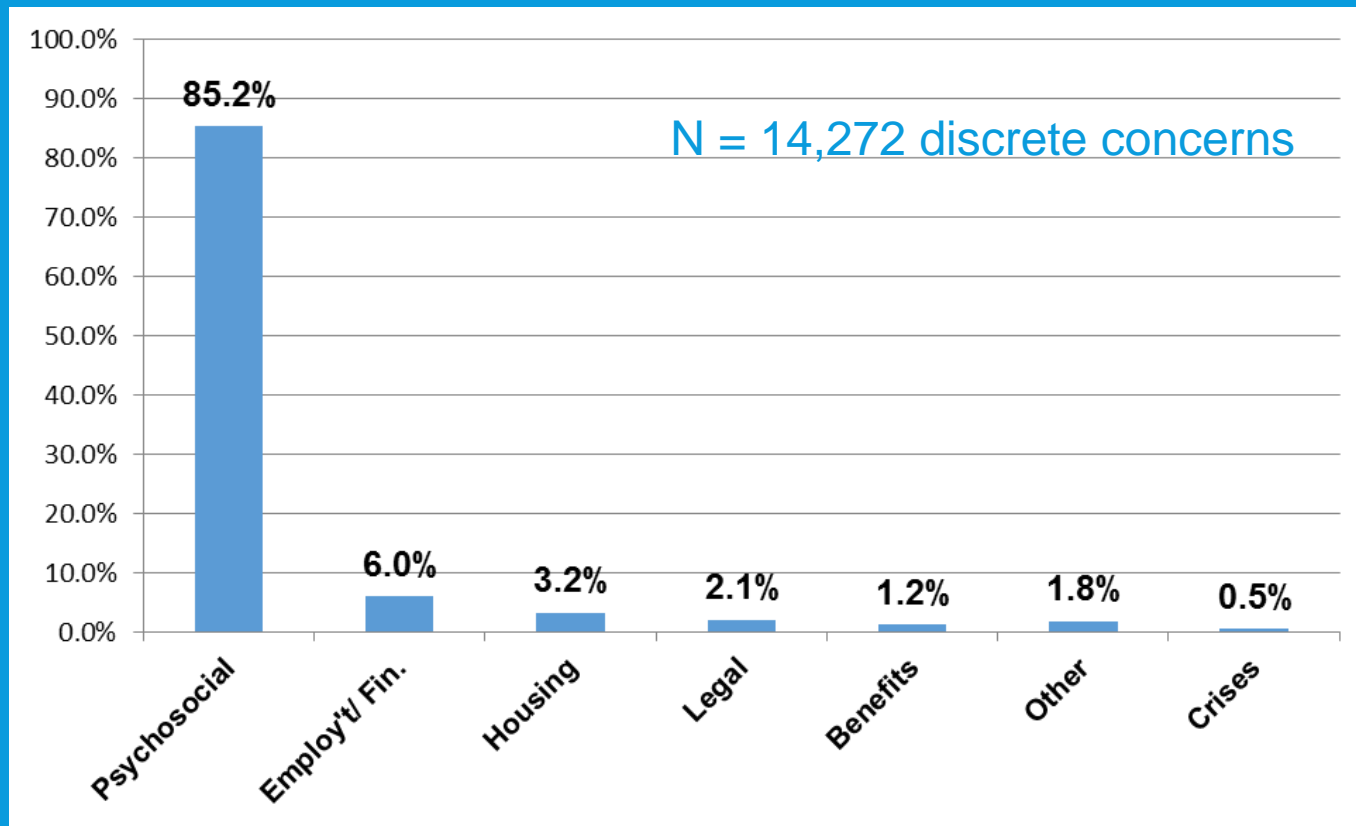
Data from 10/2014 - 6/2015, Sayers et al., under review

HOW CALLS GET TO CIC...



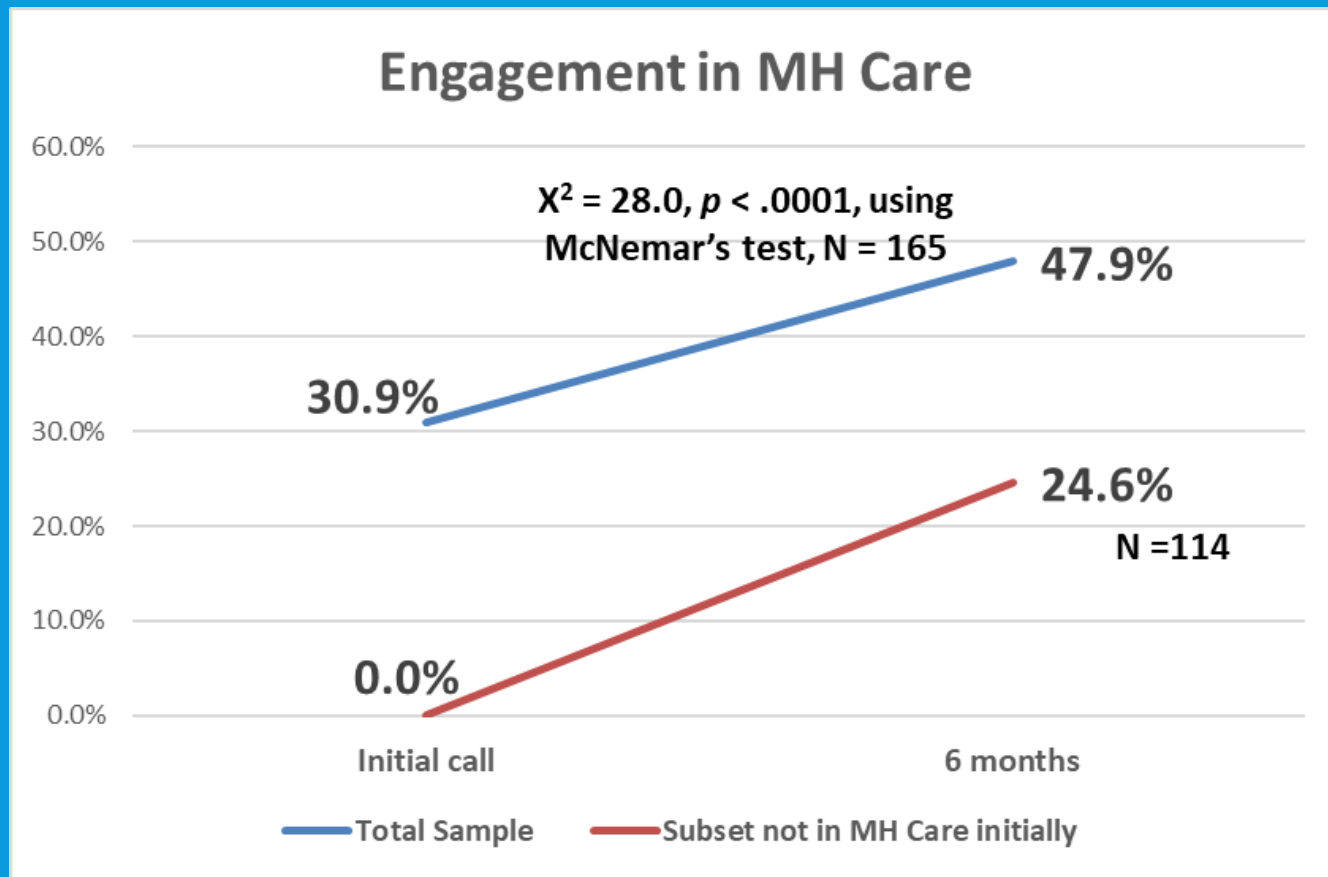
Data from 10/2014 - 6/2015,
Sayers et al., under review

REASONS FOR CALLING...



Data from 10/2014 - 6/2015, Sayers et al., under review

ENGAGEMENT IN MH CARE... COACHING



Data from 10/2014 - 6/2015, Sayers et al., under review

$\chi^2 = 28.0, p < .0001$,
using McNemar's test

CIC AND SUICIDE PREVENTION...

- Work closely with the Veterans Crisis Line (VCL)
 - Warm transfers (to and from)
 - Work together on cases that overlap the two services
- Educate callers
 - Discuss warning signs and issues related to stigma
 - Review how to talk to Veterans about suicide
- Get callers connected
 - Suicide Prevention Coordinators (SPC)
 - Mobile Crisis (as needed)
 - Other VA or community-based POC's
- Follow-up with callers

A LITTLE MORE ABOUT CIC...

- CIC does not have access to veteran records (CPRS)
 - CIC is not the best option in the midst of a crisis; we partner with the VCL and are happy to assist once people are safe
- CIC's focus is getting Veterans into VA care
 - While CIC will take calls regarding active duty service members, we are limited in referral expertise
- CIC's focuses on Veteran and caller safety
 - In cases where the caller's safety may be at risk, we work to suggest appropriate alternatives to coaching

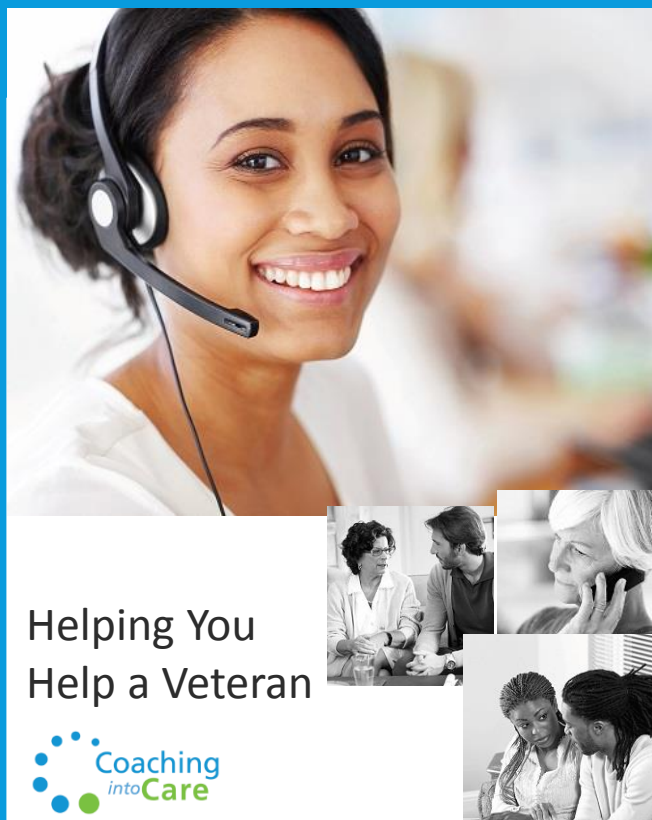
HOW TO CONTACT US...

- Hours: 8am EST – 8pm EST, M-F
- Phone: 888-823-7458
- Email: CoachingIntoCare@va.gov

OUTREACH MATERIALS...

Help us spread the word:

Posters
Rack Cards
Business
Cards
Magnets
more...



Email: CIC.Materials@va.gov

FOR MORE INFORMATION...

- Web: www.va.gov/CoachingIntoCare
- Facebook: www.facebook.com/CoachingIntoCare
- Twitter: [CoachingIn2Care](https://twitter.com/CoachingIn2Care)
- Materials: CIC.Materials@va.gov

ADDITIONAL RESOURCES

- Caregiver Support Line (and *Caregiver Support Coordinators*)
855-260-3274
- Veterans Crisis Line (and *Suicide Prevention Coordinators*)
800-273-8255, press 1
- Women Veterans Call Center: 855-829-6636
- Vet Center Call Center: 877-WAR-VETS (877-927-8387)
- IAVA Rapid Response Referral System
- MakeTheConnection.net
Videos from Veterans and family about their experiences

THANK YOU...

- Partnerships with Veteran Service Organizations, the *Veterans Crisis Line* and other VA and non-VA call centers make it possible for us to do what we do.
- Thank you for being a part of this team.
- Please feel free to ask questions or contact a member of our team to get more information about *Coaching Into Care*.

888-823-7458



888-823-7458

Email: CoachingIntoCare@va.gov

Web: www.va.gov/CoachingIntoCare

LET'S TALK ABOUT SUICIDE

HOW DO I ASK THE QUESTION?

"Are you thinking of killing yourself?"

- DO ask the question after you have enough information to reasonably believe the person might be suicidal.
- DO ask the question in such a way that is natural and flows with the conversation.
- DON'T ask the question as though you are looking for a "no" answer.

X "You aren't thinking of killing yourself are you?"

- DO gather more information casually.

"Can you say more about what you have thought about?"

VALIDATE

- Treat the situation as serious
- Remain calm, maintain eye contact
- Follow what is being said, accept their situation for what it is
- Don't pass judgment, don't argue—let him or her know you are there to help

Source: Operation S.A.V.E., VA Center of Excellence in Canandaigua, NY

ENCOURAGE TREATMENT / GET HELP

- Don't try to deal with it alone
- Don't feel like you have to promise to keep a secret that is not safe to keep
- Encourage the person to get help—ask him/her to talk with you, make a call with you (company nurse, hotline)

Source: Operation S.A.V.E., VA Center of Excellence in Canandaigua, NY

IF SOMEONE OPENS UP TO YOU ABOUT THOUGHTS OF SUICIDE...

Try To:

- Stay calm
- Listen and allow space to talk
- Validate their experience
- Reinforce your connection / relationship
- Be supportive

Try Not To:

- Show judgment
- Over-emphasizing your own feelings
- Avoiding the individual or discussion about their attempt. Don't pretend it did not happen.
- Excessive monitoring, checking, or "hovering" behaviors

This information was adapted from Frey, Hans, & Cerel (2016). An interpretive phenomenological inquiry of family and friend reactions to suicide disclosure. *Journal of Marital and Family Therapy*, 43(1), 159-172.



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CIC'S #BETHERE SUMMARY

When a Veteran is struggling with issues related to mental health, family members and friends can be an important means of support - and a pathway to treatment. This presentation introduces *Coaching Into Care*, a national VA program designed to help friends and family support the Veteran in their life. *CIC* offers information, education and targeted skill-building to aid in communication. We will discuss how the program works, review barriers to care, learn listening skills, and talk about ways family members can speak more directly about their concerns with the Veteran in their life.